Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS
4th March 2014

TITLE	**Assurance Report**
EXECUTIVE SUMMARY	The Assurance report gives an overview of some of the key areas of internal focus for the Trust, areas of performance in terms of quality, operations and finance and a perspective on the external environment.
The Council is asked to:	Discuss the report.
Submitted by:	Andrew Liles, Chief Executive
Date:	February 2014
Decision	For Discussion

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

ASSURANCE REPORT

1 INTERNAL FOCUS

1.1 Dr Foster Good Hospital Guide 2013

In December 2013 Dr Foster published their Good Hospital Guide for 2013, which confirmed that the Trust is recording lower than expected mortality rates. Furthermore, Ashford and St Peter's was one of only eight Trusts in the country with very low mortality rates on both weekdays and weekends.

This is a very reassuring picture for local people; mortality rates for hospitals are complicated and measured in several different ways - we record lower than expected rates for each separate measure indicating a good and consistent overall picture. In terms of weekend mortality rates, there has been a lot of media coverage recently regarding weekend staffing in hospitals and how inadequate cover can result in higher mortality rates at these times. At Ashford and St Peter's a lot of effort has been put into improving weekend cover across our specialties, particularly expanding consultant presence and the availability of diagnostic services.

1.2 Expansion and improvements to our Surgical Assessment and Short-Stay Unit

Recent changes to the way we manage our emergency surgical patients are starting to see significant improvements for patients. In November we completed work to transform our Surgical Assessment Unit into a new Surgical Assessment and Short-stay Unit (SASU), speeding up the assessment process and improving patient experience. The unit has been expanded, and now includes 11 short-stay beds, five assessment trollies in a dedicated bay (which means patients can be transferred quickly from A&E), and a revamped waiting area with 10 assessment chairs (for patients who don't need to wait on a trolley). The unit is also open for direct referrals from GPs who can call the unit directly to either discuss referrals, get advice on alternative treatment options or arrange for the patient to come in.

Changes to surgical consultants' rotas are also making a big difference; surgical consultants are now on duty from 8am - 8pm Monday to Friday, and from 8am - 2pm on Saturdays and Sundays (and on-call outside those times). This means quicker access to senior decision making, and more regular ward and board rounds significantly improving surgical performance. For example, readmission rates for the unit have gone down from around 11% to 9.5%, and length of stay for emergency surgical patients has reduced from 4.5 to 3.5 days. Patient experience is following suit - with significantly improving Friends and Family Test scores for our surgical wards, from under 40 to just over 70.

1.3 National Award

The Trust's *Releasing Time to Care* project recently won a national award in the Lean Healthcare Academy Awards. The *Releasing Time to Care* project – led by Sally Greensmith in our Programme Management Office – has been running for about a year, streamlining processes for nursing staff so they have more time to spend with patients. The project was nominated because of its Trust-wide approach and has had huge success increasing the time nurses spend with patients by an impressive 25%.

1.4 Hybrid Theatre opening

The Trust opened its new Hybrid Theatre at St Peter's Hospital on 31st January 2014. The Hybrid Theatre is located in main theatres and is a specialist area used by our vascular team, combining

advanced imaging (normally only available in a radiology department) with cutting-edge surgical equipment. It means very complicated procedures, such as treating Abdominal Aortic Aneurysms (AAA), can be carried out in a less invasive way that is less traumatic for patients.

2 EXTERNAL OUTLOOK

2.1 Better Care Fund

The Better Care Fund (previously referred to as the Integration Transformation Fund) was announced in June 2013 as part of the 2013 Spending Round. The proviso for the Fund is to provide £3.8 billion worth of funding in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users and carers. This Fund involves the transfer of funding from the NHS to adult social care.

2.2 Seven Day Services

In mid-December Sir Bruce Keogh, NHS England Medical Director, set out recommendations for a three year plan to drive seven day services in the NHS. These are designed to reduce the variation in outcomes for patients admitted to hospitals at the weekends reflected in mortality rates, patient experience, re-admission rates and length of stay. The key recommendations included:

- *Setting clear clinical standards* – 10 new clinical standards that specify the consistent, high quality standard of urgent and emergency care to be provided 7 days a week.
- *NHS Planning processes* – ambition to achieve seven day working must be linked to broader strategic plans for the NHS and form part of five year strategic and two year operational plans.
- *Incentives, rewards and sanctions* – these should be used to support changes required.
- *Consultant pay and conditions* – reform of contracts to prevent refusal of non-emergency out of hours working.
- *Supporting commissioners and providers* – introduction of a transformational change programme to help develop and implement local action plans.
- *Supporting system wide transformation* – development of fully integrated service across the NHS.

The Foundation Trust Network note that whilst the case for consistent access to high quality care seven days a week is compelling there is a need to ensure that the proposals are adequately resourced and supported in a realistic manner, noting the timeframe is ‘ambitious’.

3 STRATEGY

3.1 Partnership Update

Our partnership work with The Royal Surrey County Hospital NHS Foundation Trust is progressing well, with a number of projects in development which will result in real benefits to patients. Many of these are focused on the continued development of specialist services in Surrey, with our prime focus on renal and cancer services. Specific examples of work to date include:

- Bringing chemotherapy services to Ashford Hospital – now in the process of being implemented;
- Exploring the potential to provide radiotherapy at Ashford Hospital;
- Collaborating to deliver aseptic service production (preparation of specialist drug treatments, mainly chemotherapy products) jointly;
- Developing a 24/7 acute stroke service with a joint rota to provide weekend consultant-led ward rounds;
- Exploring the possibility of developing a Surrey renal service;
- Strengthening our academic links with Surrey and Royal Holloway universities.

We are developing a shared clinical vision for the partnership and have made good progress through three joint clinical workshops with senior clinicians from both organisations, ensuring the partnership is clinically-led. Over the next few months we will continue to explore other areas of joint working, specifically reviewing our key clinical services to determine what further benefits and quality improvements could be gained by working and collaborating more closely together. We will also be exploring the benefits of bringing together some of our corporate and support services – where it makes sense to do so – for example in HR, Estates, Finance and IT.

During this time, we will be engaging much more widely with our staff, governors, patients and key stakeholders, explaining the work of the partnership to date, listening to their thoughts and holding a wider conversation on potential benefits and how best to continue working together to improve patient care. This engagement will be key in informing the future of the partnership and how it might work.

4 REGULATION

4.1 **CQC**: On 17th February the CQC announced the next list of Trusts who will be subject to a full inspection between April and June. Ashford & St Peter's was not one of these but those selected are:

Alder Hey Children's NHS Foundation Trust, Brighton and Sussex University Hospitals NHS Trust, Burton Hospitals NHS Foundation Trust, Colchester Hospital University NHS Foundation Trust, East Lancashire Hospitals NHS Trust, George Eliot Hospital NHS Trust, Isle Of Wight NHS Trust, Medway NHS Foundation Trust, North Cumbria University Hospitals NHS Trust, North Middlesex University Hospital NHS Trust, North West London Hospitals NHS Trust, Northern Lincolnshire and Goole Hospitals NHS Foundation Trust, Royal National Orthopaedic Hospital NHS Trust, Sheffield Children's NHS Foundation Trust, Sherwood Forest Hospitals NHS Foundation Trust, Surrey and Sussex Healthcare NHS Trust, Tameside Hospital NHS Foundation Trust, The Royal Orthopaedic Hospital NHS Foundation Trust, United Lincolnshire Hospitals NHS Trust and Wye Valley NHS Trust.

4.2 **Monitor: Q2 Report**

Monitor published their Q2 foundation trust (FT) sector report on 23rd December.
Key highlights include:

Quarter 2, 2013/14 - Performance

- 11 FTs failed the four hour A&E waiting time target (13%), a reduction on 31 in Q1 (38%);
- 42 FTs failed the C-difficile target (compared with 27 in Q1). These were all in the acute sector and represents 53% of acute trusts.
- 15 FTs failed the RTT target (12 in Q1)
- There were 25 breaches of the Cancer targets (GP Referral - 62 day wait: 12; Breast cancer – 2 week: 10; All Cancer – 2 week: 2; Consultant referral – 62 day: 1)

Quarter 2, 2013/14 – Finance

- For the first time ever the FT sector delivered less EBITDA in Q2 13/14 than planned;
- 32 of the 83 Acutes are in deficit (38 FTs in deficit in total)
- There are 16 FTs who have a deficit of under a £1m in Q2 who have never before reported a deficit.
- FTs are £107 million short of their CIPs to make efficiency savings.

5 PERFORMANCE

5.1 Quality

Quality Account indicator – Governor decision

Monitor has decided that for the 2013/14 Quality Account the Governors should select one of the quality indicators for external audit testing. The Trust recommends that this indicator is pressure ulcers with the background to this recommendation below.

The Trust has in place a three-year corporate pressure ulcer action plan in order to improve the risk assessment and treatment of pressure ulcers within the organisation. Until December 2013, there was a downward trend in the incidence of hospital-acquired pressure ulcers stages 3 and 4 within the Trust which was encouraging. Since then, however, there has been an increase in hospital acquired pressure ulcers above the improvement trajectory, which is of concern. Much work has gone into improving the detection, recording and reporting of new and deteriorated hospital acquired pressure ulcers, along with ensuing safety and safeguarding alerts, in line with best practice. Although complex, we believe this process to be robust and reliable in the data it produces and applying external scrutiny to this process would add value. We would recommend therefore that the pressure ulcer reporting process be the quality indicator that is subject to external auditing, the results and improvement plan of which will be published within the 2013-14 Quality Account for the Trust.

Quality Dashboard and Commentary

Table 1: Quality Performance Dashboard

1. To achieve the highest possible quality of care and treatment for our patients

	Patient Safety & Quality		Outturn 12/13	YTD Target 13/14	Monthly Target 13/14	Annual Target 13/14	Dec Actual	Performance			YTD 13/14
								Oct	Nov	Dec	
1-01	Summary Hospital-level Mortality Indicator (SHMI)	N	60	<72	<72	<72	55	▼	▲	◄►	59
1-02	In-Hospital Deaths (CQUIN)	L	1134	<775	<86	<1034	100	▲	▲	▼	665
1-03	MRSA (Hospital only)	N	2	0	0	0	0	▼	▲	◄►	1
1-04	C Diff (Hospital only)	N	15	9	<=1	<13	1	▲	▼	◄►	6
1-05	VTE (hospital associated with PE or DVT)	L	24	<18	<2	<24	1	▲	▼	▲	25
1-06	Serious Incidents Requiring Investigation (SIRI)	L	71	<56	<6	<75	11	▼	▼	▼	59
1-07	Average Bed Occupancy (inc escalation)	L	88.6%	<92%	<92%	<92%	84.2%	▼	▲		86.0%
1-08	Patient Moves (ward changes >=3)	L	7.4%	<7.5%	<7.5%	<7.5%	6.5%	▼	◄►	▲	6.0%
1-09	Formal complaints (Total Number)	L	485	<337	<37	<450	38	▼	▼	▲	379
1-10	Friends & Family test score - InPatients	L	-	70	70	70	72.6	▲	▼	▼	72.6
1-10a	Friends & Family test score - A&E	L	-	70	70	70	51.6	▲	▲	▼	48.1
1-11	Falls (Total Number)	L	766	<525	<58	<700	72	▼	▲	▼	562
1-12	Falls - resulting in significant injury (grade 3)	L	18	<11	<1	<15	4	▼	▲	▼	16
1-13	Hospital acquired pressure ulcers grade 2 and above	L	164	<104	<11	<139	11	▲	▼	▲	97
1-14	Catheter associated UTI *	L	-	<1.2%	<1.2%	<1.2%	0.20%	▲	◄►	▲	0.41%

1-01 IN-HOSPITAL (SHMI) Monthly figure is a rolling 3 month position, 1 month in arrears & YTD figure is a rolling 12 Month position, 1 Month in arrears
1-08 Patients Moves excluded: To the Discharge Lounge, MAUV-MAU and SAUV-SAU, between Theatres, between Endoscopy
1-05 VTE (hospital associated with PE or DVT) - Please note that 3 RCAs are outstanding
1-14 *Achieved by 6 months then maintained

For indicator definitions see Appendix 1.

(T*) Target Type: N, National; L, Local

Delivering or exceeding Target		Improvement Month on Month
Underachieving Target		Month in Line with Last Month
Failing Target		Deterioration Month on Month

Scorecard Commentary

The SHMI mortality rate for December was 55 which means the rolling twelve month position is 59, against a limit of 72. The actual number of deaths in December was 100 which is above the monthly limit of 86. The cumulative number of deaths year to date of 665 is, however, well below the 775 limit.

There was 1 case of hospital-associated DVT/PE in December (compared with 5 in November). The December case is unconfirmed (pending root cause analysis). Of the November cases, 3 are confirmed and 2 are unconfirmed. The Trust continues to focus on improving its identification process for hospital acquired thrombosis.

There were 38 new complaints in December. Complaints in December were lower than November (54), October (45) and September (41). Year to date new formal complaints of 379 remains above the threshold of 337.

The Friends and Family Test score for November inpatients (72) favourably exceeds the Trust target (70) for inpatient care and is in line with the year to date score of 72. The score for A&E (51) whilst below the target (70) set at the beginning of the year is within the range for the past quarter - November (54) and October (47) and benchmarks favourably with other EDs nationally.

There are 11 SIRIs for December which is 5 above the monthly threshold. There has been a disproportionate increase in the number of Grade 3 and above Pressure Ulcers. Initial findings of the immediate analysis that was carried out point to abnormally high levels of staff sickness over the Christmas / New Year break and consequent temporary staff on the wards. Actions to strengthen and improve risk assessments, body mapping during patients' moves between wards and awareness amongst nurses as well as doctors are already underway. A comprehensive review of the Trust-wide Pressure Ulcer action plan is due to take place in January 2014 and a deep dive into all the grade 3 and above Pressure Ulcers that occurred in December will be part of this.

The number of falls in December (72) is in excess of both November (50) and October (55), and above the monthly limit (58). 562 falls for year to date remains above threshold. Clinical areas at the upper end of falls were Medical Short Stay Unit (7), Accident and Emergency (7), and Swift Ward (6). In January the Stay Alert for Falls Event (SAFE), provided practical strategies to reduce the likelihood of falls.

There were no cases of hospital acquired MRSA this month. There was 1 case of C. difficile in December, and this is in line with expectations.

Quality Account Q3 Dashboard for April to December 2013

The Quality Account dashboard for April to December is presented in Appendix 3.

Dementia: The Trust is screening and assessing 98.5% of its eligible patients for dementia, thus achieving and exceeding the target of 90%. The number of surveys returned by carers of patients with dementia whilst improving, is still fairly low volume. This limits the conclusions able to be made from the surveys returned so far.
Discharge: Currently the Trust is discharging approximately 46% of patients before 15:00h against a target of 66%. Complaints relating to discharge remain low in September (3); there were 44 over the nine month period which is just below the limit of 51. There has been significant improvement in sending electronic discharge summaries to GPs within 24 hours; daily reports indicate the Trust is consistently achieving over 90%, which whilst below target of 95% is a considerable improvement on earlier months.
Communication: There has been a 21% response rate for the Friends & Family Test (FFT) exceeding the 20% target. The overall Trust promoter score for FFT (62) whilst below the target of 70 is well up on the score at end of Quarter 3 (51).

Harm-free Care: The Trust is achieving well in this area with hospital-associated new harms of 2.24% year to date well below the limit of <6%. The significant reduction in CAUTI[1] has been sustained in quarter 3.
Nursing Care: Falls has been discussed in section 2.1, Scorecard Commentary. There has been a reduction in hospital-associated pressure ulcers (97) over the nine months against a limit of less than 104.
VTE[2]: The Trust continues to meet the target for VTE risk assessment. VTE cases have been addressed in section 2.1, Scorecard Commentary.
Improve the Safety Culture: Friends and Family Test, and Formal Complaints, are addressed in section 5.2.
Diabetes: The trust has a target of assessing 100% of eligible patients for diabetes by the end of the year. In December 91% of patients were assessed, and the trajectory is of continuing improvement. A baseline is being established for length of stay.
Readmissions: Emergency readmissions of 13.0% are marginally above the limit of 12.6%, and elective readmissions of 2.2% are below the limit of 2.7%. The Trust's Readmission Prevention Project Board is continuing to focus on reducing readmission through a range of initiatives including a tool to predict readmissions based on risk profile.

NHS Safety Thermometer (National CQUIN) (Charts 1 - 4)

The Safety Thermometer[3] programme of work aims to achieve significant reductions in four types of avoidable harm from which patients are at most risk during episodes of healthcare: pressure ulcers, falls, catheter associated urinary tract infections (CAUTI) and venous thromboembolism. Data is collected on all inpatients on one day per month, approximately 500 patients, to provide a 'snapshot' of harms.

The Trust's Safety Thermometer performance is demonstrated in Charts 1 to 4 (page 10), which show the following:

- The sustained decrease below the national average (2.54%) of 'new' (hospital associated) harms continued in December (1.79%).
- The incidence of CAUTI (0.2%) remains below the national average (0.38%).
- Whilst in December new pressure ulcers increased to 1.0% (from 0.42% in November), the prevalent trend for the past six months is for new pressure ulcers to be tracking below the national average.
- There was a decrease in the percentage of patients who had experienced falls with harm on the 'spot test' day in December to 0.6% (from 1.06% in November). The December figure is below the national average.

Although the overall trajectory is favourable regarding delivery of harm-free care in accordance with the Safety Thermometer survey, there was a disturbing peak in Pressure Ulcers and Falls Resulting in Harm during December. This conflicting picture of hospital acuired harm in the Trust requires more understanding and this examination has already begun.

[1] CAUTI catheter-associated urinary tract infection measured within the Safety Thermometer one day census.
[2] VTE venous thromboembolism
[3] The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care see: http://www.hscic.gov.uk/thermometer)

Patient Experience

The Patient Feedback Dashboard in Appendix 4 provides an overview of key patient experience metrics and these results are explored in further detail here:

Formal Complaints (Charts 5 – 7)

There were 38 new formal complaints received, representing a decrease of 30% compared with November (54). The December level of complaints was also slightly below October (45) and September (41).

Chart 5 shows a breakdown of complaints received by month and demonstrates an overall pattern of seasonal variation in the number of complaints received, which December was consistent with.

Complaints by Date of Episode

Chart 6 shows a breakdown of complaints by Service Area and the date of the episode relating to each complaint.

The highest number of complaints received in December relate to inpatient episodes. The majority of new complaints received in December pertain to care episodes involving November and December.

Discharge Related PALS Concerns and Complaints
Chart 7 shows discharge related concerns and complaints.

Discharged related complaints and concerns are continuing to show a favourably downward trajectory, which has been sustained across both quarter 2 and quarter 3.

Performance against Timescale

There was an overall Trust performance of 91% against the agreed timescale for responding to complaints, a considerable improvement against both November (61%) and October (84%). All areas have been committed to achieving sustainable performance improvement.

The Patient Experience Dashboard shows divisional performance against timescale.

The Trust has started monitoring the duration of response times to incoming initial complaints. The following table shows the mean, median and mode response time by division.

Table 1 Response Time Averages for Complaints in December 2013

Dec 13	AEM	WHPAED	TODT	TASCC	Facilities	HR	Trust
Mean	27	25	26	24	23	53	26
Median	25	24	24	27	23	-	25
Mode	16	-	27	27	-	-	27

These figures show that, on average, the time it took the Trust to respond to a complaint in December was 25 days, with half of complaints being responded to in less than 25 days. In addition, reponses were most frequently 27 days or less. These measures give assurance that, in the absence of a time standard since 2009, the Trust's practice of agreeing a time with the complainant in which to respond has not led to complaints taking much longer than 25 days. The Trust will also be focusing on ways to monitor the quaility of responses and the experience of the complainant.

The Trust will implement the recommendations that were published in the Anne Clwyd and Tricia Hart Complaints review and monitor the impact of these improvement actions.

Patient Feedback

Friends and Family Test (FFT)[4]

Chart 8 shows the Trust has exceeded the target of 20% returns for the seventh consecutive month in the response rate, with a combined Trust rate of 24.7% (November 21.9%).

Chart 9 shows that the Inpatient Net Promoter Score (NPS) of 72 (November 73) exceeds the Trust target of 70. The NPS for the Emergency Department (ED) was 51, compared to November (54) and October (47). The ED score continues to track below the target of 70 set at the beginning of the year, although improvement is occurring.

The Trust commenced the implementation of the Friends and Family Test in Maternity Services in October. The response rates were December 8.2%, November 3.8%, and October 4.9%. The corresponding net promoter scores were December 64, November 68, and October 77.

The complexity of the Maternity three-point FFT measure and its challenges in terms of data capture are being addressed by the Women's Health Division with the support of the Information Services Department. With the resolving of these issues, the response rate is expected to improve.

WOW Awards

For the first time in December 2013 the Trust is reporting WOW awards which are issued to our staff as a result of positive feedback from patients or colleagues.

In December 2013, 8 staff WOW awards have been listed. 4 awards were from Acute and Emergency Medicine covering staff from clinical and administrative areas. Trauma, Orthopaedics, Diagnostics and Therapies have 1 award for nursing. 2 housekeeping staff have been nominated. There has been 1 additional award from a non-clinical area.

NHS Choices - User Rating:

Hospital	User rating (out of 5) May 2013	User rating (out of 5) Aug 2013	User rating (out of 5) Nov 2013	User rating (out of 5) Feb 2014
Ashford & St Peter's *(ratings split by site from August)*	5 (118)	SPH: 5 (125) AH: 4.5 (22)	SPH: 5 (138) AH: 4.5 (27)	SPH: 4.5 (146) AH: 4.5 (28)
Frimley Park	4.5 (117)	4.5 (146)	4.5 (155)	4.5 (159)
Epsom	4.5 (32)	4.5 (42)	4.5 (46)	4.5 (58)
Royal Berkshire	4 (119)	4.5 (131)	4 (156)	4 (177)
Royal Surrey	4 (33)	4 (43)	4 (79)	4 (102)
Kingston	4 (39)	4 (58)	4 (64)	4 (81)
West Middlesex	4 (69)	4 (86)	4.5 (116)	4 (132)
St George's	4 (93)	4 (106)	4 (113)	4 (124)
Wexham Park	3.5 (75)	3.5 (92)	3.5 (98)	3.5 (110)
Chelsea & Westminster	3.5 (31)	3.5 (33)	4 (35)	3.5 (46)

* the figure in brackets is the number of ratings submitted.

[4] The FFT asks the following standardised question: "How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?

Charts 1 to 4: Safety Thermometer

Chart 1 *Percentage patients with new harms*

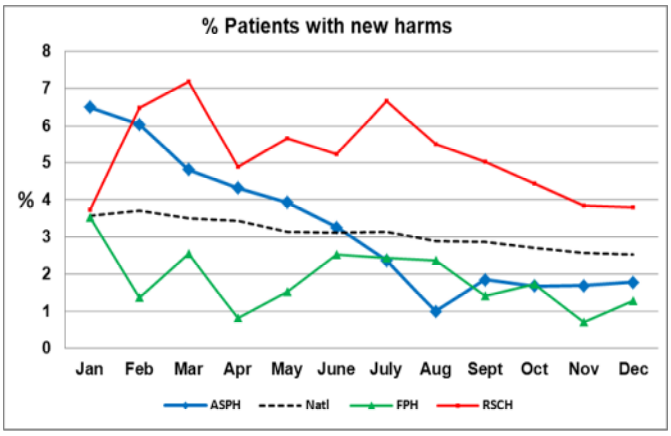


Chart 2 *Indicence of new CAUTI*

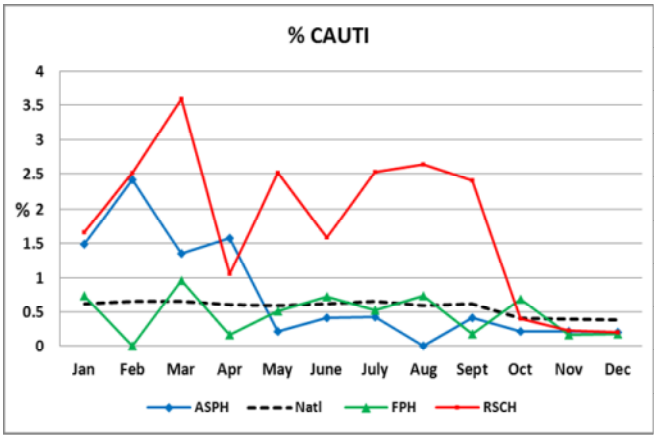


Chart 3 *Incidence of new pressure ulcers*

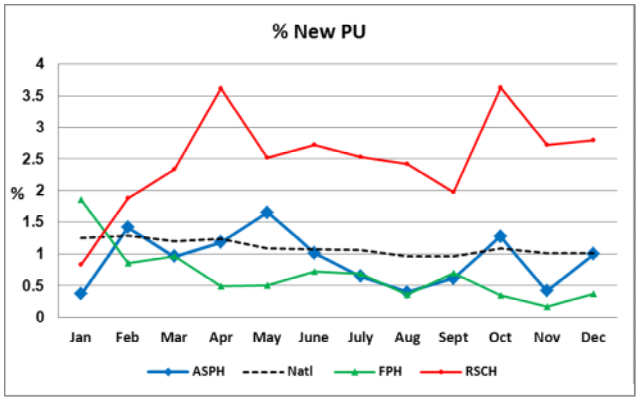
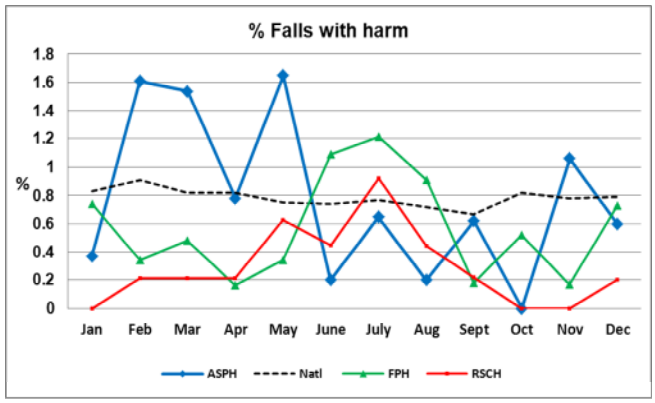


Chart 4 *Percentage of falls with harm*



Charts 5 to 9: Complaints and Patient Feedback

Chart 5 *Complaints received by month*

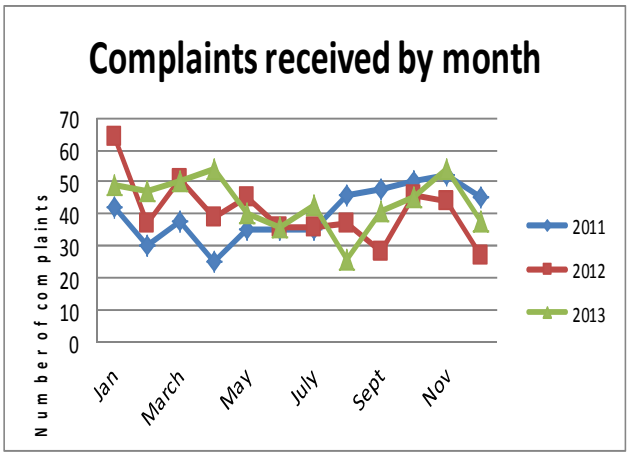


Chart 6 *December complaints: service area by date of episode*

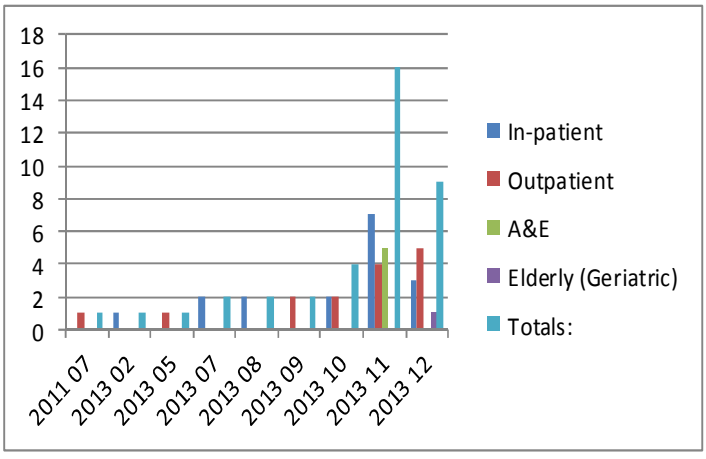


Chart 7 *Concerns and Complaints received by month*

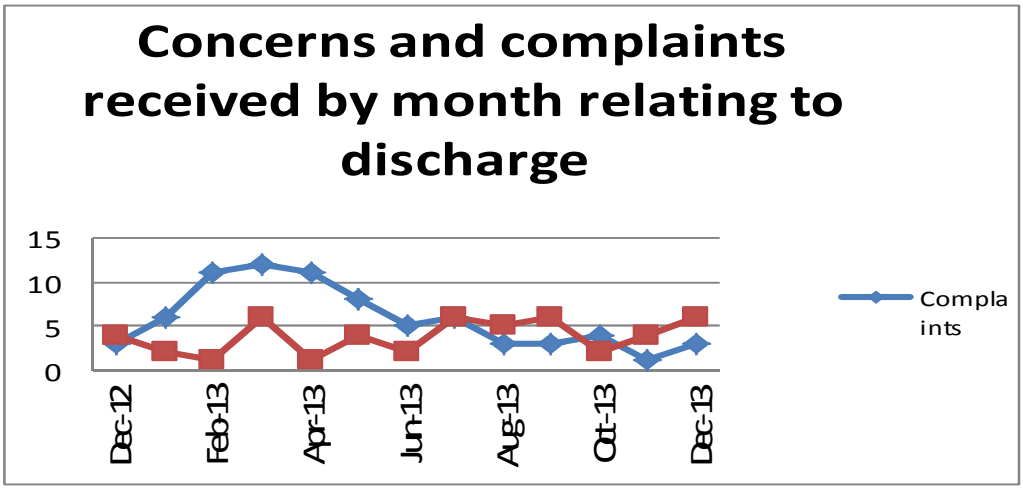


Chart 8 *Friends & Family Test: response rat*

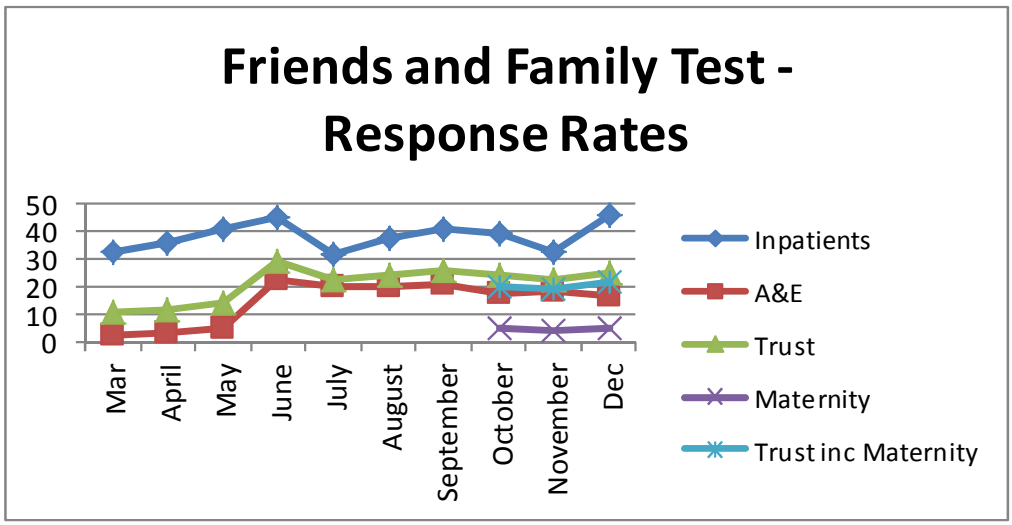
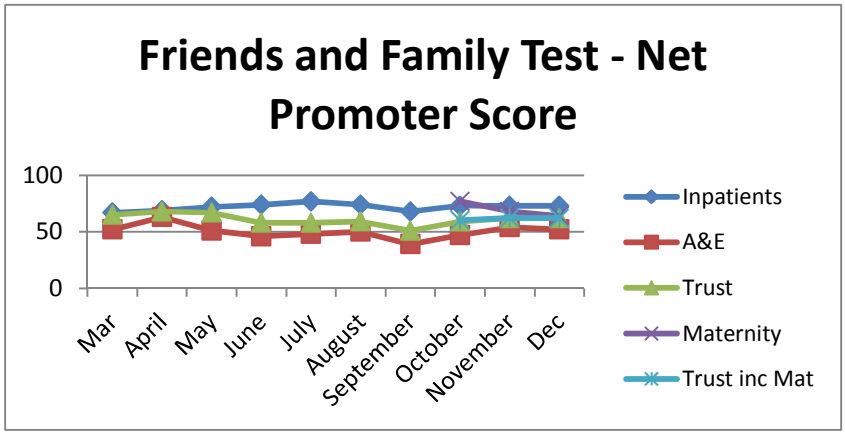


Chart 9 *Friends & Family Test: net promoter score*



5.2 Operational Performance

The Trust failed the RTT admitted target in quarter 3 2013/14 but achieved all other targets and indicators associated with the Monitor *Risk Assessment Framework.*

Four hour waiting time target: The Trust met the 4 hour waiting time target in quarter 3 2013/14 and in each month of the quarter. Performance for the month of December was 96.12%. This represented an improvement in performance against the previous two months of the quarter. Performance has been more challenged in January 2014 with failure to achieve the target (94.2%).

Period – 2013/14	Performance[5]
October 2013	95.17%
November 2013	96.01%
December 2013	96.12%
Quarter 3 2013/14	***95.77%***
January 2014	***94.2%***

Background

Following the sign off of the Trust's work programme by the Emergency Care Intensive Support Team (ECIST) the Trust has achieved Q1, Q2 and Q3 in 2013/2014. The Trust has continued focus on the delivery of the 4 hour recovery plan through Executive-led weekly meetings to review all A&E breaches and well as a weekly, senior cross-divisional performance review. The Trust also continues to engage in a weekly dialogue with its local Clinical Commissioning Group and health system partners.

Despite meeting the standard throughout quarter 3, the Trust recognises that A&E attendances continue to remain high throughout Q3 and that this has been continued in January and February 2014. The Trust experienced an increased number of admissions to the acute emergency care pathway in January with the conversion rate from A&E rising for the sixth consecutive month to a high of 24%, suggestive of a high level of acuity in patients presenting to A&E. There is also an Increased number of complex discharge delays.

Winter Planning: 2013/2014

In advance of winter 2013/2014, the Trust initiated further action to support future sustainability all of which has been supported by ECIST in their most recent assurance visits. Many of these are now complete and have begun to deliver positive results and improve performance:

- Embedding and supporting the new frail elderly pathway

- Implementation and refinement of the Ambulatory Care Unit – opened 4th November. Whilst the implementation of the unit has been successful, diverting upwards of 16 patients a day away from A&E, it is not yet operating at its full potential.

- Extension and improvements in the Surgical Assessment Unit – fully operational since November

- Implementation of consultant-led 7-day working – currently have a 7-day presence for acute admissions and medical short stay.

[5] Performance against this standard is represented by % patients admitted/transferred/discharged within 4 hours of arrival time against a target of 95%. Data includes SPH A&E, GUM, EPU & Ashford.

- Expansion of Paediatric A&E and recruitment of two paediatric A&E consultants – expanded department opened in December and consultant recruitment is complete with both staff in post.

- 'Ready to Go' Project (reducing length of stay and implementing the 'patient-flow bundle' as recommended as best practice by ECIST) – roll-out complete on short stay unit and one ward with two more wards pending in mid-January.

In this quarter, the Trust has also participated in the roll-out of the local area team Capacity Management System (CMS).

OPAL

One of the most significant service developments introduced ahead of winter 2013/2014 was the frail, elderly pathway and the new model of care for older people in the Trust.

The model of care facilitates the screening of patients for frailty at the front door, and referral of patients to the Older Persons Assessment and Liaison Team (OPAL) where they will receive a Comprehensive Geriatric Assessment (CGA) and a comprehensive plan of care developed by the OPAL team. The OPAL was implemented in the medical assessment unit at St Peter's Hospital on 1st October 2013.

Part of the OPAL-Plus service has commenced, Rapid Response in-reach nurses have been present in A&E since the beginning of November. Further elements of the OPAL-Plus service are in development, with the aim of admission avoidance, and will include extended use of Rapid Access clinics at Walton, Woking & Ashford Hospital, including timely access to diagnostics; and the extension of existing Community Health and Social Care Services.

It has been identified by the whole system that a more robust approach to admission avoidance needs to be considered as part of the frail elderly pathway. The Trust has recently reviewed the pathway and trialled an approach that is more in keeping with interface geriatrics to complement the OPAL team and Rapid Response in-reach. This model would see the co-location of geriatricians with the Rapid Response in-reach team in A&E, with a focus on admission avoidance. The team is currently working to refine the revised pathway before the model is fully implemented.

A variety of patient outcome measures, such as length of stay, readmissions and discharges to usual place of residence, are monitored to assess the impact of this service development. Early results are encouraging and indicate that the service is having a positive impact on patient outcomes. There are signs that patients are being discharged earlier whilst reducing the number of readmissions for this patient group.

Winter Planning: 2014/2015

To assure performance in the longer term the Trust has initiated two programmes of work to identify the future capacity requirements of the St. Peter's site. These include the Capacity Allocation Programme and Health Planner.

The Capacity Allocation Programme was initiated in 2012 as a follow on to the redesign of the medical emergency care pathway carried out in partnership with ECIST.

The Capacity Allocation Programme is charged with delivering the following objectives with a view to improving the pathway for emergency surgical care and reviewing the make-up of the specialty-based wards across the Trust, to ensure that capacity meets demand and patients receive care in the right place:

- Establishing a co-located Cardiology Ward with the Angiography Suite
- Establishing dedicated Stroke Unit

- Expansion of Care of the Elderly capacity
- Creating an identified winter escalation area
- Developing a functional Surgical Assessment Unit (SAU) and Surgical short-stay unit
- Establishing specialty-based medical and surgical wards

A number of the objectives outlined above have already been met and plans are in place to deliver those outstanding within the next 12-18 months.

The Trust has also appointed a healthcare planner to undertake a review of the long-term clinical services and estates requirements at St Peter's Hospital over a 10 year horizon. The analysis will be undertaken in three stages and the following outputs are expected:

- A detailed model of future service needs on the St Peter's site
- A detailed schedule of space requirements to meet the identified service needs
- Supporting reports and recommendations that fit with the framework of the Trust's existing 20 year Master-plan

Emergency Care Intensive Support Team (ECIST) visit

The Trust had a further ECIST routine visit on 21st January. This visit highlighted some areas of good practice, for example around the surgical assessment and short stay unit, and has confirmed that the Trust has the right infrastructure in place. However the visit highlighted that there is more to do to deliver sustainable four hour performance and a step change in delivery. Following the ECIST visit the Trust's emergency care work programme has been refreshed to include the following key actions:

- A&E workforce review;
- Creation of Acute Medical Hub; and
- Ward processes.

2014 performance

In the light of the fragility of performance in early 2014, the Trust is now seeking to expedite a number of further actions to support the emergency care pathway, these include:

- Expansion of the opening hours of the Ambulatory Care Unit
- Implementation of consultant-led 7-day working – currently have a 7-day presence for acute admissions and medical short stay.
- Continued support to maximise the impact of the OPAL team
- Implementation of a Hospital and healthcare economy wide reset week at the recommendation of the IST w/c 17th March

Referral to Treatment Time: At aggregate level, the Trust delivered against the standards for non-admitted and incomplete pathways but failed the admitted standard. At an individual specialty level, the Trust was non-compliant against the admitted standard in General Surgery, Urology, ENT and Oral Surgery and non-compliant against the admitted, non-admitted and incomplete standards in T&O.

For the purposes of the Monitor *Risk Assessment Framework*, performance is measured on an aggregate (rather than specialty) basis and NHS foundation trusts are required to meet the threshold on

a monthly basis. Consequently, this December failure of the Admitted pathway standard is considered to be a quarterly failure.

Failure to meet the 18 week standard at specialty level does not have a further implication with regard t the *Risk Assessment Framework*, however, failure to achieve at speciality level will incur a financial penalty under the terms of the contract with North-West Surrey CCG.

DECEMBER 2013	**PERFORMANCE**		
	Admitted pathways (Target 90%)	Non-admitted pathways (Target 95%)	Incomplete pathways (Target 92%)
General Surgery	84.54%	98.57%	93.81%
Urology	88.64%	96.97%	96.46%
Trauma & Orthopaedics	78.17%	93.66%	90.96%
Ear, Nose & Throat (ENT)	77.17%	95.90%	95.83%
Ophthalmology	90.53%	99.24%	97.45%
Oral Surgery	84.73%	96.64%	94.72%
General Medicine	100.00%	98.25%	96.95%
Gastroenterology	92.86%	99.24%	98.30%
Cardiology	90.20%	99.14%	97.84%
Dermatology	0.00%	97.98%	98.40%
Neurology	0.00%	95.04%	93.88%
Rheumatology	0.00%	99.30%	99.60%
Geriatric Medicine	0.00%	98.72%	97.83%
Gynaecology	92.39%	98.87%	97.91%
Other	95.05%	99.47%	97.93%
Total	**85.72%**	**97.87%**	**95.47%**

The Trust is working through a detailed action plan to improve its 18 week RTT performance. The detailed action plan includes:

- Developing recovery trajectories;
- Completing a demand and capacity analysis for each speciality and developing business plans in response to any known capacity gaps;
- Revising the Trust's access policy and training staff on the policy;
- Improving the Trust's PAS system;
- Reviewing the structure and capacity of the Trust's booking team.

Refer to Appendix 5 for detailed year to date performance of targets, indicators and activity.

5.3 2013/14 Financial Position - Month 10 and Forecast Outturn

The month 10 and forecast financial position for 2013/14 is set out below:

Finance Scorecard					
	Annual Plan	Forecast	YTD Plan	YTD Actual	YTD Variance
Monitor Continuity of Service Risk Rating	4	4	4	3	
Total income excluding interest (£000)	£232,609	£244,852	£194,383	£203,235	£8,852
Total expenditure (£000)	£215,254	£229,594	£179,238	£190,972	-£11,734
EBITDA (£000)	£17,354	£15,258	£15,145	£12,263	-£2,882
I&E net operational surplus (£000)	£3,000	£1,500	£3,734	£933	-£2,802
CIP Savings achieved (£000)	£11,839	£10,307	£9,981	£8,410	-£1,571
CQUINs (£000)	£4,950	£4,950	£4,125	£4,125	£0
Month end cash balance (£000)	£12,845	£12,787	£14,654	£6,137	-£8,517
Capital Expenditure Purchased (£000)	£17,036	£17,036	£12,632	£11,929	-£703
Emergency threshold/readmissions penalties	£3,692	£5,511	£3,077	£4,593	-£1,516

Monitor Metrics					
	Weighting	Current	Forecast	Current Score	Forecast Score
Debt Service Cover	50%	2.47x	2.51x	3	4
Liquidity	50%	-1.4	-4.3	3	3
Continuity of Service Risk Rating				**3**	**4**

The Continuity of Services Risk Rating (COSRR) is assessed from 1 to 4, with 4 being the best rating.

Year to Date

Key issues are: -

- Clinical income was £8.2m ahead of budget with most activity streams being ahead of plan, but in particular day case, outpatient and emergency activity. As the Trust has now exceeded its baseline, relevant emergency activity is only being paid at 30% of tariff;
- The higher than planned activity levels has had a knock on effect on the Trust cost base with additional staff costs incurred as well as increased clinical supplies costs. In addition delivery of the emergency pathway has seen increased pay costs as the Trust utilises escalation beds to cope with demand and achieve the A&E 4 hour target;
- Cost improvement plans are £1.6m behind plan at month 10 with activity and staffing issues resulting in capacity closure and agency staffing schemes being delayed;
- Overall performance shows that a surplus of £0.9m has been delivered to date, however that is £2.8m behind the original plan – despite this the Trust delivered a COSRR of 3 at month 10, against a plan of 4;
- Capital spend is currently £0.7m behind plan but is expected to recover over the remaining months; and
- Cash balances are much lower than planned due a combination of the year to date deficit and the current non-payment of over-performance (see following section).

Forecast

As previously reported the Trust revised its forecast downwards from the plan of £3.0m to £1.5m in October. This has been reviewed in the light of the latest results and the forecast maintained; this would deliver a COSRR of borderline 3 or 4 (the cutover between 3 and 4 for debt service cover is 2.50).

The forecast includes a significant level of over-performance against income plans with Commissioners,

in particular NHS North West Surrey CCG and NHS England (Commissioning Board). To date over-performance has been invoiced as follows:

	Over-Performance Invoiced	Paid
NHS North West Surrey CCG	£5,812,758	£1,000,000
NHS England (Commissioning Board)	£1,841,726	-
NHS Hounslow CCG	£550,298	£200,000
NHS Windsor Ascot & Maidenhead CCG	£169,384	-

Further over-performance is currently being invoiced, however it is expected significant payments will be received from both NHS North West Surrey CCG and NHS England in March 2014. The contracts that the Trust has with Commissioners allows interest to be charged on overdue payments, however this has not been applied to date.

Cost saving targets, which are budgeted at £11.8m for the full year, are currently projected to yield £10.3m.

APPENDIX 1 Quality and Safety Balanced Scorecard Indicator Definitions

Table 1 is made up of 9 main columns:

1. Description of Measure

1-01 The SHMI is a ratio of the observed number of deaths to the expected number of deaths for a provider. The observed number of deaths is the total number of patient admissions to the hospital which resulted in a death either in-hospital or within 30 days post discharge from the hospital. The expected number of deaths is calculated from a risk adjusted model with a patient case-mix of age, gender, admission method, year index, Charleston Comorbidity Index and diagnosis grouping. A three year dataset is used to create the risk adjusted models. A one year dataset is used to score the indicator. The one year dataset used for scoring is a full 12 months up to, and including, the most recently available data. The three years used for creating the dataset is a full 36 months up to, and including, the most recently available data.

1-02 The total number of deaths.

1-03 Number of Hospital acquired MRSA

1-04 Number of Hospital acquired C-Diff

1-05 The number of patients with a VTE (Venous Thromboembolism) assessment who then had a Pulmonary Embolism or Deep Vein Thrombosis (during their stay)

1-06 The total number of Serious Incidents Requiring Investigation

1-07 Average number of beds available (including escalation beds) in the month against the

average number of beds occupied taken at midnight from PAS

1-08 The percentage of patients who were transferred between wards, 3 or more times during their admission.

1-09 The number of formal complaints

1-10 Friends and Family Test score for Inpatients

(Test asks following standardised question: "how likely are you to recommend our ward to friends and family if they needed similar care or treatment?"

1-10a Friends and Family Test score for A&E

(Test asks following standardised question: "how likely are you to recommend our A&E department to friends and family if they needed similar care or treatment?"

1-11 The total number of falls

1-12 The total number of falls resulting in significant injury grade 3 or above

1-13 The number of hospital-acquired pressure ulcers grade 2 or above

1-14 New Catheters and UTI's as a rate of total sampled patients

2. Target (T*) - where possible a national (N) or local (L) strategic health authority target has been used where not available, we have used a percentage improvement on the 2012/13 year end total.

3. Outturn 12/13 – the overall results for 2012-13.

4. YTD (Year-to-date) Target 13/14 – the sum of the monthly target from the beginning of the financial year (April).

5. Monthly Target 13/14 – the target for each month

6. Annual Target 13/14 – the target for the entire year.

7. Actual - this is the actual achievement for the month

8. Performance - Monthly Trend Indicator - The arrows represent one of three states, improvement on the previous month, deterioration on the previous month, or the same. It must be noted that this does not necessarily mean that higher numbers are represented by an 'up' arrow as higher numbers may be worse and thus will be represented by a 'down' arrow.

9. YTD 13/14 - The sum of the actual activity from the beginning of the financial year (April).

APPENDIX 2 Quality Account Dashboard Definitions

Priority 1: Improving the care of patients with dementia and their carers
All emergency patients aged over 75 who have a length of stay longer than 72 hours should be screened for dementia (exclusions apply e.g. patient in a coma); those patients identified through the screening are then referred on to the team for full assessment. Survey of dementia carers is due to start by the 1st July. There is no requirement around response rates or scoring.

Priority 2: Providing safe, high quality discharge for patients
Electronic discharge summaries are created when patients are ready to leave hospital; these can be printed and posted or sent electronically to GP practices.

Priority 3: Improve all aspects of communications with patients
From April 2013, all patients are being asked a simple question to identify if they would recommend a particular A&E department or ward to their friends and family. For further details see:
https://www.gov.uk/government/news/guidance-for-nhs-trusts-on-the-nhs-friends-and-family-test

Priority 4: Improve harm-free care
Each month all inpatients are assessed on one day for four avoidable harms that patients might experience whilst in hospital using an audit tool called the Safety Thermometer; results can be compared with other trusts and nationally. For further details see:
http://www.ic.nhs.uk/services/nhs-safety-thermometer

Priority 5: Improve nursing care
The incidence of hospital acquired pressure ulcers and falls are considered to be good indicators of the quality of nursing care. Although measured within the Safety Thermometer this is the full data for these indicators for the month.

Priority 6: Provide effective risk assessment and prophylaxis for VTE
'Venous thromboembolism' (VTE) is a collective term for both 'deep vein thrombosis' (DVT) and 'pulmonary embolism' (PE). VTE can be difficult to diagnose. Most hospital-associated VTE occur after discharge; the average DVT after surgery is on day seven, the average PEis on day 21.

Root Cause Analysis (RCA) is a method of problem solving that looks closely at the details of a fault or problem to try to identify the root causes and solve them.

Priority 7: Improve the safety culture
Patient and staff feedback are being measured using the Friends & Family Test (FFT) see Priority 3 above re patient FFT. More detailed feedback from staff is also being collated relating to patient safety in their ward or department.

Priority 8: Improve the care of patients with diabetes
On admission to hospital, all appropriate, adult inpatients should be screened for diabetes. Patients identified to be at risk will be referred on to the diabetes team for investigation. The frequency of the audit is to be confirmed. *? Will this be captured electronically – currently on a form?*

Priority 9: Reduce emergency and elective re-admission rates
These are being measured as re-admissions within 28 days of discharge either following an elective procedure or an emergency admission. The rate of re-admissions is calculated based on the number of admissions. Indicator 9 was recalculated in July 2013 to reflect Monitor guidelines. April to June 2013 data has therefore been restated. This reduced June YTD elective rate by 0.5% and emergency rate by 0.8%.

Appendix 3: Quality Account Dashboard Quarter 3 (April to December 2013)

Quality Account 2013/14	Target / Limit	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	Trend
Improving our Patient Experience												
1. Improve the care of patients with dementia and their carers												
% Emergency admissions aged ≥75 screened (los > 72h; exclusions apply e.g. coma)	90%	97%	98.5%	99.3%	99.4%	98.2%	99.3%	99.1%	100.0%	98.5%	98.8%	
% Patients appropriately assessed	90%	97.0%	98.1%	100%	97.7%	100%	100%	100%	100%	98.3%	98.9%	
2. Provide safe, high quality discharge for patients												
Increase timely discharge of patients (before 15:00h).	66.0%	49.2%	50.0%	52.1%	48.2%	46.7%	47.5%	49.2%	48.1%	46.2%	48.6%	
Reduce complaints relating to discharge by 5% of 12/13 value (= 72)	68/y	11	8	5	6	3	3	4	1	3	44	
Increase electronic discharge summaries sent within 24 hours discharge	95%		22.6%	52.8%	79.3%	64.4%	89.7%	94.4%	95.1%	93.6%	84.0%	
3. Improve all aspects of communication with patients												
% Response rates for the NHS Friends and Family test (target = 20% by Q4)	20%	11.7%	14.1%	29%	23%	24%	26%	24%	21%	25%	21.7%	
Promoter score for the NHS Friends and Family test (target by end of year)	70	68	67	58	58	59.6	51	59	62	62	59.6	
Reduce formal complaints re communication by 10% value 12/13	<196 yr	29	22	15	23	11	19	5	13	9	146	
Maintaining High Safety Standards												
4. Improve harm-free care												
Improve harm-free care - Safety Thermometer by reducing new hospital-acquired harms.	<6%	4.3%	3.9%	3.3%	2.4%	1.0%	1.9%	1.7%	1.7%	1.8%	2.24%	
Reduce hospital acquired CAUTI (ST monthly measure)	<1.2%	1.6%	0.2%	0.4%	0.4%	0.0%	0.4%	0.2%	0.2%	0.2%	0.41%	
5. Improve nursing care												
Reduce patient falls (total falls)	<700 /yr	43	75	66	89	53	49	55	50	72	552	
Reduce patient falls resulting in harm (grade 3 and above)	<15 / yr	0	2	6	2	1	0	2	0	4	17	
Reduce hospital-acquired pressure ulcers (≥stage 2)	<139 /yr	10	16	9	10	7	10	9	15	11	97	
6. Provide effective risk assessment & prophylaxis for VTE												
Improve % patients risk-assessed for VTE	> 95%	95.1%	95.4%	95.1%	95.7%	95.7%	95.0%	96.7%	95.8%	unvalidated	95.4%	
Reduce hospital associated VTE	<24/yr	1	3	2	3	5	3	2	5	1	25	
7. Improve the safety culture												
Promoter score for the NHS Friends and Family test (FFT) (target by end of year)	70	68	67	58	58	59.6	51	59	62	62	59.6	
Reduce formal complaints	<450/y	54	40	37	43	26	41	45	54	38	378	
Achieving High Quality Clinical Care												
8. Improve care of patients with diabetes												
% Patients assessed for diabetes (100% by end of year)	100%			71%	72%	65%	78%	89%	83%	91%	78%	
Reduce length of stay (establish a baseline)	N/A			3.8			4.2			3.8	4.0	
9. Reduce readmission rates												
Reduce elective readmissions - 28 days	2.7%	2.2%	2.2%	2.3%	2.4%	2.4%	1.6%	2.2%	1.9%	2.5%	2.2%	
Reduce emergency readmissions - 28 days	12.60%	12.6%	13.5%	12.8%	14.7%	13.5%	11.8%	13.8%	13.2%	11.2%	13.0%	

*Note results for indicators with less frequency than quarterly are not included.

APPENDIX 4 Patient Experience Dashboard – December 2013

Key:

EMED	Fac &IS	TASCC	TODT	WH & Paeds
Medicine and Emergency Services	Estates & Facilities	Theatres, Anaesthetics, Surgery and Critical Care	Trauma & Orthopaedics, Diagnostics and Therapeutics	Women's Heath and Paediatrics

Dec-13	EMED	YTD		Fac &IS	YTD		HR			TASCC	YTD		TODT	YTD		WH & Paeds	YTD		A&E FFT		Inpt FFT			Trust	YTD	YTD target	Annual target
Complaints Rec'd	11	149	▼	0	9	▼				11	101	▼	8	54	▼	8	60	▲					▼	38	378	337	<450
Discharge related complaints	0	29	▼	0	0					2	10	▲	0	4		1	4	▲					▼	3	46	51	<68
% Response timescales met	91%	88%	▲		100%					100%	65%	▲	100%	76%	▲	80%	77%	▲					▲	91%	79%	95%	>95%
PALS Concerns	23	333	▼	5	37	▼				18	268	▼	16	188	▼	5	48	▲					▼	67	874	tba	tba
FFT* returns	43%		▲							36%		▲	27%		▲				17%		46%	▲	▲	24.7%		20%	20%
FFT* Score	73		▼							70		▲	79.5		▼				52	▼	73			62		70%	70%
Intimations of claims	3	18	▲	0	0					0	14		2	22	▼	2	19							7	73	tba	tba
Reported claims	3	11	▲	0	0					0	12	▼	2	8	▼	2	7	▲					▲	7	38	tba	tba

Decrease compared to previous month	▼
Increase compared to previous month	▲
Improvement compared to previous month/100% target	
Same or no change	
Deterioration compared to previous month or risk to target	
Not applicable	

**Friends and Family Test. Consolidate score of response to the question "how likely are you to recommend our Ward [A&E department] to friends and family if they needed similar care or treatment?" For FFT results A&E is reported seperately - therefore EMED excludes A&E for this measure only.

Trust Operational Performance Report - December 2013

		2013/14												
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 13/14	13/14 Plan	Var	Trend
Cancer indicators and														
All cancers: 31-day wait for second or subsequent treatment	Anti Cancer Drug Treatments	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	2.0%	
	Surgery	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	6.0%	
All cancers: 62-day wait for first treatment	From Consultant Screening Service Referral	100%	100%	100%	100%	100%	93%	100.0%	90%	100%	97%	90%	7.4%	
	Urgent GP Referral To Treatment	87.9%	89.0%	94.8%	87.3%	91.0%	90.4%	90.0%	90.6%	87.6%	89.7%	85%	4.7%	
31-Day Wait For First Treatment	All Cancers	100.0%	100%	100%	100%	100%	99%	100%	100%	97%	99.5%	96%	3.5%	
Two week wait from referral to date first seen	All Cancers	96.4%	98.3%	97.1%	97.9%	96.6%	95.3%	97.9%	97.9%	95.3%	97.0%	93%	4.0%	
	For symptomatic breast patients	96.4%	98.0%	99.0%	100.0%	93.2%	97.0%	93.8%	98.0%	95.6%	97.0%	93%	4.0%	
Referral to Treatment wait														
Referral to treatment waiting times - admitted		90.08%	91.60%	91.56%	92.70%	92.30%	92.84%	94.11%	85.33%	85.72%	90.74%	90.00%	0.7%	
Referral to treatment waiting times - Non-admitted		98.15%	98.55%	98.39%	98.03%	97.77%	97.54%	97.42%	96.92%	97.87%	97.84%	95.00%	2.8%	
Referral to treatment waiting times - Incomplete		97.74%	98.24%	98.35%	98.73%	98.31%	97.95%	97.89%	97.16%	95.47%	97.75%	92.00%	5.8%	
A&E Clinical Quality														
Total time in A&E (95%) - Monitor Position		93.6%	94.8%	98.1%	96.9%	97.7%	94.3%	95.2%	96.0%	96.1%	95.6%	>95%	0.6%	
Total time in A&E (95%) - Unify & Contract Monitoring Position		90.8%	92.7%	97.3%	95.7%	96.8%	92.0%	93.4%	94.3%	94.5%	93.9%	>95%	-1.1%	
Time to initial assessment (95th percentile)		00:29	00:30	00:26	00:31	00:24	00:28	00:36	00:43	01:01	-	< 15 min	-	
Time to treatment decision (Median)		0:59	00:49	00:47	00:46	00:49	00:55	00:49	00:54	00:47	-	< 60 min	-	
Unplanned reattendance rate		4.2%	4.7%	5.5%	5.3%	5.0%	5.5%	5.4%	5.5%	7.8%	-	1% - 5%	-	
Quality & Safety														
C.Diff (hospital acquired)		1	0	0	0	1	2	0	1	1	6	13	-54%	
MRSA Bacteraemia (hospital acquired)		0	0	0	0	0	0	1	0	0	1	1	0%	
Friends and Family Test	Inpatients (Test Score)	68.8	72.1	74.5	77.4	74.2	68.1	73.1	73.0	72.6	72.6	70	3.7%	
	Inpatient (Response Rate)	35.89%	40.39%	47.40%	31.58%	37.00%	40.83%	38.85%	32.10%	45.56%	38.86%	15%	159.1%	
	A&E (Test Score)	63.1	51.1	45.3	47.6	49.6	38.9	47.4	54.4	51.6	48.1	70	-31.3%	
	A&E (Response Rate)	3.17%	4.73%	21.80%	19.17%	19.18%	19.99%	17.38%	16.93%	16.52%	15.40%	15%	2.7%	
Breach of Same Sex Accommodation		1	0	0	0	0	0	0	3	0	4	0	0	
VTE Risk Assessment *		95.1%	95.40%	95.08%	95.68%	95.68%	95.02%	96.68%	95.78%	96.51%	95.66%	95.0%	0.66%	
Stroke Pts - 90% time on Stroke Unit		82.93%	66.67%	75.51%	85.37%	82.76%	80.00%	70.59%	85.71%	75.51%	78.55%	85.00%	-6.45%	
Smoking During Pregnancy		8.28%	8.06%	5.59%	8.21%	6.96%	5.35%	4.37%	7.94%	5.97%	6.7%	8.2%	-1.5%	
Breastfeeding Initiation		85.7%	82.0%	86.6%	85.5%	86.2%	86.7%	89.3%	85.6%	83.6%	85.8%	80.0%	5.8%	
Activity														
Acute Bed Capacity		530	530	530	530	530	530	545	545	562	562	-	-	
Avg. Length of Stay - Elective (Acute) **		3.7	3.3	4.2	4.0	3.6	4.5	3.6	4.0	3.9	3.8	3.32	0.52	
Avg. Length of Stay - Emergency (Acute) **		7.3	6.9	6.6	6.3	6.4	6.4	6.4	6.6	6.5	6.6	6.99	-0.41	
Daycase Rate		84.2%	83.4%	83.5%	83.9%	83.7%	84.7%	83.6%	84.0%	0.0%	83.9%	84.0%	-4.0	
Delayed Transfers of Care – Acute & MH		1.4%	1.7%	1.5%	0.9%	1.9%	1.5%	1.8%	1.8%	1.7%	1.6%	3.5%	-4.8	
GP Written Referrals to Hospital		8,412	8,524	7,948	8,599	7,775	7,920	8,832	7,968	7,378	73,356	-	-	
Other Referrals For a First Outpatient Appointment		5,255	5,404	5,595	6,017	5,247	5,573	6,170	5,796	5,399	50,456	-	-	
All Outpatient Attendances		27,772	28,445	26,984	30,877	25,654	28,291	31,808	29,223	25,705	254,759	241,407	5.5%	
Elective Spells		3,022	3,137	3,119	3,318	2,957	3,065	3,431	3,406	2,854	28,309	25,979	9.0%	
Non-elective (inc maternity & transfers)		3,083	3162	3251	3216	3,143	3128	3323	3152	3395	28,852	28,228	2.2%	
A&E Attendances		7793	7875	7658	8109	7,611	7,525	7,759	7,530	7,768	69,628	69,434	0.3%	

Old Better Care Better Value (not transferred to Operating Framework)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 12/13	12/13 Plan	Var	Trend
BADS Procedures	81.1%	80.7%	81.8%	82.1%	82.5%	83.8%	82.3%	84.6%	82.5%	81.1%	85.0%	-3.9%	
Inpatients Admitted before day of Operation	6.7%	9.4%	12.3%	10.8%	9.6%	8.2%	9.0%	8.0%	7.4%	9.0%	10.0%	-1.0%	

* VTE Assessment unvalidated

** Avg. length of stay from 2013/14 - RealTime LOS